DOCUMENT RESUME

ED 143 433 PS 009 457

AUTHOR	Pizzo, Peggy Daly
TITLE	When Your Child Goes to the Hospital.
INSTITUTION	Children's Bureau (DHEW), Washington, D.C.; Office of Human Development (DHEW), Washington, D.C.
REPORT NO	DHEW-OHD-76-30092
PUB DATE	77
NOTE	43p.; Best copy available
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock No. 017-091-00217-7, $0.85, plus minimum charge of $1.00 for each mail order)
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS	*Early Childhood Education; *Emotional Adjustment; Fear; Health Education; *Hospitalized Children; Hospital Personnel; Medical Services; *Medical Treatment; Parent Counseling; *Parent Participation; *Parent Role

ABSTRACT

This booklet, addressed to parents of young children, deals with preparation for and adjustment to the hospitalization of a child. Common problems and fears of children are described and suggestions are offered for dealing with them. The importance of adequate preparation of both parent and child is emphasized, and advice is given on how to obtain information, how to choose doctor and hospital, and how to become familiar with hospital organization and procedures. Suggestions are given for preparing the child in advance of the hospital stay, on admission day, and before treatment, and helping the child adjust to the return home. Advice on how to communicate effectively with doctors and other health care personnel is included. The appendix includes readings, for children and parents, and names and addresses of organizations concerned with the emotional needs of the hospitalized child. (BF)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

When Your Child Goes to the Hospital

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED143433

PS 009457

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 85 cents
Stock No. 017-091-00217-7
There is a minimum charge of $1.00 for each mail order

DHEW Publication No. (OHD) 76-30092

Introduction

Times have changed since a grim-faced, seemingly frightening doctor told an apprehensive parent that their child needed to be hospitalized, and that was that. Very little explanation from the doctor; fewer questions from the parent; terror on the part of the child.

Nowadays, most parties concerned want the child and the family to be prepared for what may be the unknown; to know what to expect from strangers and strange procedures; how to handle separation from home and familiar surroundings. New programs have been, and are still being introduced all across the country, in hospitals, clinics and doctors' offices, aimed at allaying fears and traumas, answering questions and generally promoting a more congenial and comforting atmosphere surrounding a necessary but not always welcome situation. It is becoming increasingly recognized that children and families are entitled to this right.

This booklet has been written by Peggy Daly Pizzo, especially for parents and other family members as a guide to the preparation of their child or children for an expected visit to the hospital. Many people agreed to be interviewed and were helpful while this booklet was being written: Dr. T. Berry Brazelton, Boston Children's Hospital Medical Center; Mr. Arthur Greenwald, Family Communications, Inc.; Ms. Judy Grove,

Parents Concerned for Hospitalized Children; Ms. Carol Hardgrove, University of California School of Nursing; Dr. Stephen Hersh, National Institute of Mental Health; Ms. Polly Hesterburg, R.N., Johns Hopkins Hospital; Ms. Patricia Ireland, New York, N.Y.; Ms. Miriam Norment, R.N., Bethesda, Md.; Ms. Leslie Rosenblatt, Children in Hospitals; Ms. Carol Rudolph, Preschool at NIH; Ms. B. J. Seabury, Boston Children's Hospital Medical Center; Dr. Muriel Sugarman, Boston, Massachusetts, and thanks to Helen Zuppaa for her assistance. The manuscript was reviewed by Ms. Pat Azarnoff, M.Ed., Association for the Care of Children in Hospitals; Dr. David Friedman, Los Angeles County - S.C. Medical Center; Dr. Eli Newberger, Boston Children's Hospital Medical Center; Ms. Beverley Johnson, R.N., Volunteer Office Children's Hospital National Medical Center; Dr. Linda Randolph, Director, Health Services, Office of Child Development; Ms. Jerriann Wilson, Director, Child Life Department, Johns Hopkins Hospital, each of whom brought different types of expertise to the subject matter. We are grateful to them all for their contribution to what we hope will be a useful and reassuring publication.

When Your Child Goes to the Hospital

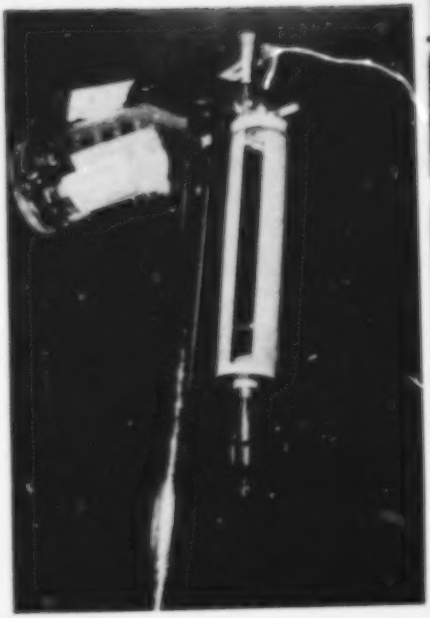
Why Preparation Helps

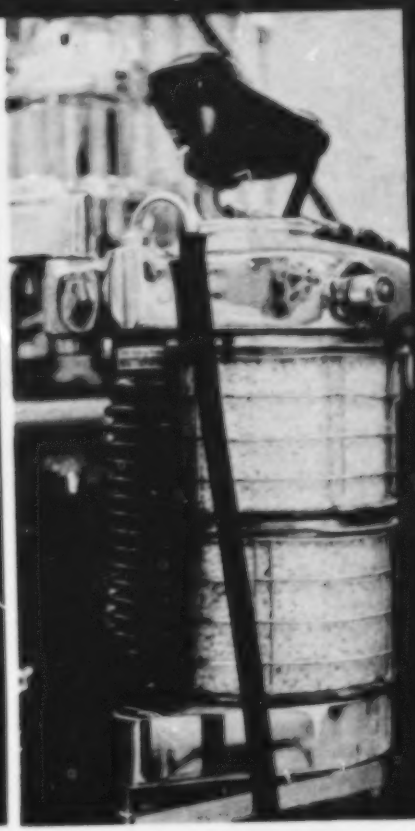
"Your child needs to go to the hospital." Perhaps you've recently heard those words and that's why you're reading this booklet.

Or maybe you've known for years that your child will be going to a hospital "when she's 5 an operation will straighten out her crossed eyes," was something you heard long ago. You've been waiting for a long time, but now the hospital visit is coming up soon.

No matter how it comes about, all of us have feelings about a hospital stay for our children. Perhaps as you read this, you are experiencing the special feelings that parents have about their children. Some of those feelings might seem like large question marks at the moment. But in some ways, you may already believe that you can help your child—and yourself—get ready for a hospital stay. And that getting ready will help.

Well, you're not alone in this belief. There are many people working in hospitals across this country and many parents whose children have been in hospitals who would agree with you that preparation helps both child and parent. In past years, some people thought it was "kinder" not to prepare a child for going to the hospital. Maybe in your community there still are some people who feel this way.





But a hospital can be a pretty frightening place for a young child. Young children often do not understand why they are going to the hospital and that hospitalization is only a temporary experience. They may form their own ideas about why the adults they love have taken them to a place where people and things are strange, where children are given shots and other treatments that hurt. And those ideas, like so many of the ideas of young children, may be distorted by the unique childish view of reality. Small children, for example, may feel that this has happened as a punishment for some "bad" idea or action. Children who are never told they are going to the hospital (and never helped to understand why afterwards) may conclude that all adults—including parents—cannot be trusted and loved. Sometimes children never even communicate these

ideas to anyone until they return home and feel "safe," away from the hospital.

Preparation helps. People who've had experience with children in hospitals nearly always agree that children who've been prepared have less difficulty when they return home. Prepared children even seem to recover better. Preparation seems to supply young children with what they need to weave a sense of security, a knowledge that difficult as life may be at times, parents can be counted on to explain as best they can that these difficulties will happen and why they happen.

Preparing the child may not be easy at all for a parent. First, there are the parent's feelings. All the power of a parent's desire to protect the

young child from unpleasant experiences, may make it very hard for a parent to even accept a child's hospital stay. Actually being the one to *tell* the child might seem impossible at first.

Then there are other considerations. It takes time and trouble to find out about hospital admission procedures, policies about visiting, what the hospital is like, and where the child will go. In some communities it may even take a lot of persistence to obtain this kind of information from professionals. And this amount of time may be hard to come by, if you are a single parent, or if you have several other children, or if you must go out to work each day.

For most parents, however, a child's hospital stay probably will not happen frequently. It is a rare event for most families. Just on that basis, it's an event which is likely to stand out in the memories of children and their parents. And when the potentially scary aspects of the hospital are considered, it becomes clearer that a hospital stay can be a pretty important event in a young child's life—and in his parent's experiences, too. Preparing the child is definitely worth the time and energy involved.

Parents who've raised several children know that it's never possible to stave off all fears, sad moments, hurts and tears. The prepared child will experience those too. But prepared children know that their parents care and they can root their emotions and their experiences in that security. Parents too may feel more secure when they have prepared the child, for parents are usually driven by a desire to protect their young from all preventable harm. And the parent who has (probably with help from other people) been able to prepare the child, can carry into the hospital and beyond the special knowledge that he or she has not simply "left the child for professionals to handle" but has acted to prevent more serious hurt, the longer-lasting sadness which might be the lot of a totally unprepared child.

The Whys of Preparing Yourself First

A parent's first task in helping a child to get ready for a hospital stay is preparing himself or herself. Adults too have confusions and concerns about hospitals. Perhaps an adult has painful memories of a hospital visit—a recent one or a childhood visit. Some adults have deep prejudices about hospitals. Hospitals may be seen as a "place of last resort," a place where one goes not to get better, but to get worse and maybe even die.

Not everyone fears the hospital. But we may not know very much about them either. The hospital that you remember as a place where you've been for the birth of babies may be quite different now, with new policies about visiting, new attitudes toward length of stay, anesthesia, parent participation and many other things.

Children ask questions. So it's important to know as much as you possibly can about what is going to be done to help the child, how the child will be likely to feel, what the hospital will be like. When you tell children that they are going to the hospital for awhile they often want to know will it hurt? Will parts of my body be changed? How long will I have to stay? Will you stay there with me? It's important, if children are going to trust later explanations about specific procedures, that what you tell them will happen matches up pretty well with what actually *does* happen. That means knowing enough to be able to predict accurately what the child's experience will be like. Then you can explain "after the operation it will hurt for a little while. Maybe you won't feel like eating for a little while. But then you will start to feel better and then you *will* feel like eating." In this way you are giving your child an important security to cling to when he she comes out of anesthesia and a part of her /his body does indeed hurt. But in order to do that, you yourself will need to *know* what is likely to happen after surgery.

The more you find out what your child's experience will be like in the hospital, probably the more you will feel your own reactions to that experience. Some parents find that the more they know, the calmer and more certain they feel that this is the right thing for the child. Other parents find just the opposite to be true. But nearly all parents agree that once they've come to terms with their own feelings and sought out the necessary explanations from the doctors and nurses around them, they are better able to be helpful to their children. Accepting your own feelings and getting the information you need are important parts of preparing the young child for a hospital stay.

Information Needed

What does a parent need to know? Perhaps first and foremost a parent needs a clear explanation *why* the child needs to go to the hospital. Included in this should be an explanation of the child's health problem, how long the child will need to stay in the hospital, generally what the child's stay will be like in terms of tests, special procedures, any operations. If the child is going to have surgery, parents need to be informed as to the type of anesthesia that will be used, the way in which it will be given and the nature of the surgery. All of this is required by law, so that parents can give what is known as "informed consent"—that is a consent, based on adequate explanation, to the hospitalization and to all procedures that the child will experience.

It's a good idea for parents to know also how the child will feel as the anesthetic wears off and whether parents can be there as their children wake up. With this knowledge, they can prepare the child for how he or she will feel as well as plan their own actions to be supportive to the child. It will also be helpful to discuss with a familiar doctor, nurse or clinic staff person what the child's behavior may be like in the hospital and when the child returns home.

Doctors, nurses or clinic staff *may* seem reluctant to discuss these things with you. They may explain that they are too busy and reassure you that there's "nothing to worry about." People who take care of the sick in our society are under lots of pressures. But talking with health professionals is important to parents and to children. Some parents find it helpful to say at this point "I know you're busy and I can call you or come back another time when it's not so hurried here. But my child will be asking questions and I need to be able to answer them."

Parents often find it difficult to reply firmly to a doctor or nurse who doesn't seem to recognize

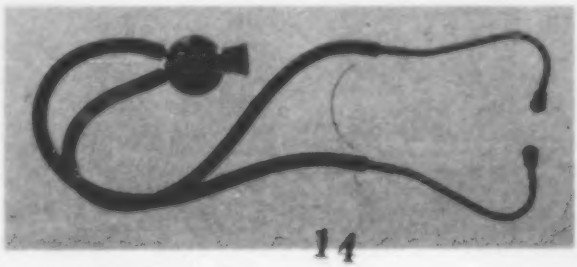
(perhaps for understandable reasons of fatigue or other worries) the importance of a parent's role in a child's hospitalization. Even more than at other times in a parent's life this is a time when it may seem "better not to rock the boat." Parents may worry that if they ask too many questions or press the professionals for answers that the professionals may be angry and somehow the child will get an inferior kind of care. Other parents feel that if they ask too many questions or appear too concerned about the child that they will look "foolish" in the eyes of the professionals —"overanxious" or "overprotective." But anxieties and the desire to protect their children from unpleasant experiences are important feelings in parents. What would happen to children if parents didn't have those feelings? It may help to think about that if you feel embarrassed in asking questions.

In finding out why the child needs to go to the hospital and what will happen, the parent can also ask for the doctor's or nurse's ideas about what will make hospitalization easier on the child. You might ask for their suggestions on how to prepare young children. What the doctor or nurse says in response to your questions may be helpful and reassuring—or it may make you feel uneasy. If you agree with the health professional's perspectives on preparing young children for the hospital, you'll be in a good position to effectively prepare yourself and your child. But if you do feel uneasy, it's important for you to respect that uneasiness. Thinking about it, you may find that you just don't agree with what the doctor thinks is best for your child. What happens then? More discussion may clear up judgments that have been too hastily made. Or more discussion may reveal that this particular doctor or health clinic holds to a way of thinking that is very different from your own—too different for you to feel comfortable with them. In that case, why not look for another doctor or clinic?

Choosing A Doctor: Choosing A Hospital

Unless you live in an area where there is only one doctor who can care for your child in only one hospital, you will have choices available to you. If you want to find a doctor or health program that is more attuned to a child's emotional needs, a telephone call to a local Child Guidance Clinic might help. You might also call the head pediatric nurse in the local hospital which seems most interested in helping children with the hospitalization experience. This way you may find several doctors who have a special sensitivity to the preparation of young children for the hospital. It's possible also that you live in an area where there are parent groups who are concerned about the hospital experience for children and their families. Parent groups like *Children in Hospitals* and *Parents Concerned for Hospitalized Children* are often able to refer you to doctors or hospital programs that care about the effects of hospitalization on children and their parents.

Another important place to begin asking questions about attitudes is the hospital where your child is likely to go. If you live in an area that has several hospitals, which hospital your child goes to may depend on where the doctor is able to admit patients. Choosing a doctor, then, may mean choosing a hospital. Particularly if your child is not seriously ill, you might want to find the hospital whose program seems best suited to emotional as well as physical needs of children, and then look for doctors who are able to admit patients to that hospital. This is the sort of thing that expectant mothers preparing themselves for childbirth have been doing quite a bit of lately and often with great success.



Finding Out What the Hospital is Like

In an area where there is just one hospital, however, or if your child's illness is such that it can only be treated at a certain hospital, there is no choice. You will know exactly where your child will be going. But it's still important to find out about the hospital's policies on staying with children, visiting hours, general admissions procedures and the like *beforehand*, as much in advance as possible, so that you can make some plans and prepare the child. If the regular doctor, the nurse or the clinic staff person doesn't tell you about the hospital's policies and procedures, you can call the hospital yourself. Try the admissions office first.

Some hospitals will send you through the mail about a week or two prior to the time that your child is coming into the hospital a booklet that describes what the hospital's rules and policies are. Many hospitals also send out coloring books, picture books or photo essays for children to look at. Especially designed to give young children a preview of what they can expect in that particular hospital, these booklets are very helpful in transforming the strange into the familiar (or at least, more familiar). For example, child life workers at a large Baltimore hospital who send out a preview package to children about to be hospitalized, report that one of the first things children often do when they arrive on the hospital floors is to pull out their coloring books and look for the real objects that have been portrayed in their books.

Some hospitals have pre-admission tours in which children and parents get a chance to see patient rooms, handle objects that they will be using later and discuss some of their ideas about hospitals. During the pre-admission tour at one hospital in the District of Columbia, children get to crank hospital beds, see what a bedpan looks like, play with surgical masks and caps and even

(somewhat fearfully) handle and "try" the anesthesia mask which will later "put them into a special kind of sleep." They also get to visit the "Wake-Up" (Recovery) Room and to talk about how they will feel when they wake up. After this comes cookies and lemonade and then a puppet show about a clown named Clipper who goes to the hospital. (A film of the puppet show is now available for rental or purchase. See page 32 for details.)

However, you may live in an area where hospitals neither sponsor tours nor even send out pre-admission booklets. In that case, the only way for you to get the information that will be necessary to make plans and prepare the child is to visit the hospital or make telephone calls yourself, asking questions of the admissions office, hospital administrator, head nurse on the floor where your child will be, or child life workers. Child life workers, sometimes called children's activities specialists, or therapists are usually the people who run the playrooms for children in hospitals, help prepare children for hospital procedures and work with children who seem especially upset. They are generally quite interested in the emotional needs of children going in for hospital stays.

Hospitals Have Policies About Family Participation

General hospital policies about parents staying overnight are important. Many hospitals now provide all sorts of sleeping-in arrangements for at least one parent. Hospitals like these provide one or more floors where rooms come equipped with beds for child *and* parent. But even hospitals which do not at present have the space to build in beds like these will allow parents to sleep overnight in the same room, perhaps on a rollaway cot or lounge chair, (or even two chairs) or down the hall in the children's playroom for example.

Another issue that's important to ask about is the hospital's policies toward parents caring for their own young children's usual daily routines while the children are in the hospital. Some hospitals have parent participation units in which parents care for their sick children while under supervision of a caring staff. In one Care-by-Parent Unit, parents take temperatures and even keep charts, do 24-hour urine collections, give medicines, and do blood pressures on their children. While not as many hospitals foster that kind of parent participation, some hospitals do encourage parents to feed, bathe and toilet their young children just as they would at home. Try to find out what the prevailing attitudes are toward this kind of parent participation in your hospital, so that you can decide how you will participate.

Find out what the visiting rules are for family and friends. Many hospitals now have unlimited visiting hours for parents. This is extremely helpful to the many parents who work at jobs with odd hours, or who may be responsible for the care of others at home. Some hospitals also make special arrangements for brothers and sisters under 14 who come to visit—the hospitalized might be taken to a playroom or to a courtyard to which brothers and sisters can also come. Other hospitals arrange to look after brothers and sisters when the parents come to visit.

Although there may be variation in the way hospitals go about deciding who can visit and when, you can expect that most hospitals will restrict the *number* of visitors to two or three at a time. Hospital rooms are fairly crowded and more than a few visitors at a time would easily tire a sick child.

Admission Day and Daily Routines

There are other things you will want to know. For example, what will the day of admission be like? Will there be times during the day when the parent and child cannot be together? What sorts of X-rays, or tests of blood, urine and the like might be necessary? Will the child be measured and weighed? How many people will be examining the child? In a university-affiliated hospital, where the teaching of students, interns and residents is an important daily function, it's likely that more than one person will examine the child. While this can be an asset to the thoroughness of the diagnosis, it can be upsetting to some children. It helps to know who the child is likely to see in the first hours of the hospital stay and what they do. (The chart on page 34 may be generally helpful.)

What kind of rooms are there for children? How many other children will there be in the same room? Is there a TV? Can children bring toys from home, wear their own clothes while in the hospital? What kinds of food will be served? With the exception of specific information about food (which only your doctor can answer, since your child may need a special diet while in the hospital) hospital personnel should be able to explain in general what your child can expect. Ask also about playroom facilities and staff. Many hospitals, especially university and children's hospitals, offer an enjoyable program of children's activities, so that children can look forward to continuing their "business of play" while they're

in the hospital.

In finding out about typical routines in hospitals, children's books may be informative—even to parents. The local library will probably have several good picture books about going to the hospital. (See list on page 31.) Some of them—like *A Hospital Story*—are so well done that they are very helpful for parents to read by themselves as well as with their children.

Fears That We All Have

All of us probably fear the separation from home and family that is an inevitable part of hospitalization. While it's true that young children draw their strength from being physically close to parents, it seems equally true that parents, especially in stressful situations, feel safer when they can be near their children, holding them and caring for them in familiar ways. The more the child fears separation, the more the parent fears it—and then the child, reacting to the anxiety of the parent, may begin to fear it even more.

Other people may especially fear the part of hospitals that means unfamiliar routines carried out by unknown people. For parents, this means a natural concern about having to entrust the care of their child to people whom they don't know and whose ways of doing things are unfamiliar. Especially if parents are anticipating a long hospital stay or a surgical or medical treatment that is not fairly routine, they are likely to be concerned about the sudden disruptions in the child's way of life. It may help to know that, after the first few days many children adapt to hospital ways and hospital people as routines become more predictable. Toddlers and children who speak a different language may not adapt so easily.

It helps diminish many worries if a parent knows that he or she (or someone who knows the child's routines) will be able to stay with and

help with the child during the first few days. Not every parent will experience all the feelings in the ways they are described here. Sometimes a parent has been so worried about a child's illness that the thought of doctors and nurses taking over and telling them what to do is a relief. But when children are less ill, parents who are used to being responsible for making their own decisions about what's best for the child are likely to care very deeply about maintaining at least some share of that responsibility. They may feel guilty about what they see as the possibility of "shirking" some of that responsibility.

Parents are frequently concerned about treatment procedures, about how much it will hurt the child and about when the child can return home. These are legitimate concerns and should be discussed with the doctor or appropriate hospital officials. Don't forget that the same kind of fears and concerns are usually experienced by the child as well. These can be discussed at the same time as your own anxieties.

Making Decisions

Once you have decided upon your doctor, and the hospital to which your child will go, there are still other decisions to be made. What do you plan to do about staying with the child and participating in his or her case? What will your role be with regard to other obligations, such as the rest of the family or a job? If at all possible, these decisions should be made before talking to the child about going to the hospital, so you will be able to answer definitely the child's concerns as to where you will be.

For some parents it's almost automatic to decide to stay with their young children the whole time they're in the hospital. Other parents may quickly decide that they will stay the whole time only if the child seems especially worried or for the first few days if it's a long hospitalization.

Family-centered hospital staff often urge parents, when the child is going to be hospitalized for more than several weeks, not to live-in with the child for more than the first week and perhaps the last few days before going home. The strain on the parent, other members of the family and even the relationship between the parent and hospitalized child becomes too intense if the parent feels he or she must spend every minute at the hospital. Children can learn to develop trust in the hospital staff—and grow stronger with this new ability. Once the child has become familiar with the hospital, daily visits by parents and other family friends may be a better choice than constant living-in.

Other areas of stress on families are lightened when hospitals or neighborhood programs offer quality child care during the day for brothers and sisters of hospitalized patients. The hospitalized child's siblings have special needs too, at this time. They may have fears about it happening to them. They may feel jealous that a parent is spending so much time with the hospitalized child, away from them. They may just simply miss their hospitalized sibling. It's important that they too be prepared for the hospital stay and that kind and thoughtful people look after them when the parents cannot. Even if you feel hesitant about asking a neighbor for help, you might still try to do so.

As you make your decisions about staying with the child, it's possible that some doctors or nurses will tell you that children are better off, even in the first few days, if parents don't stay with them. *There is no justification* for telling parents that. Much research over the past 25 years has shown that the old way of simply telling arriving parents to "go home and wait, the child will cry less if you're not there" is wrong and *especially* when children younger than 4 or 5 are involved. It's true that without a parent or familiar person there the child may be quieter. Some people may

interpret this as "being better." But in fact, the child may just be more scared. Very young children who don't speak well yet (like toddlers), or children who speak a different language from the hospital staff, may be particularly frightened. It certainly helps if the parent is able to stay with the child for the first day at least and perhaps the first few days. Being there on the day of surgery is especially important, so that you can be with the child for as long as possible before surgery and as soon as possible afterwards. If you decide that it will then be necessary for you to carry on some of your other responsibilities, it helps if you can encourage other familiar adults —relatives, neighbors, babysitters, teachers—to visit the child and for you to visit the child as frequently as possible, especially at the same predictable times of the day.

If frequent visiting of the child will be your choice, you will need to prepare yourself and your child for the fact that you will be leaving and that you will come back. It's important not to sneak out of the hospital, without saying goodbye to the child. Some parents do this because they think it's easier on the child. While it's true that young children will often cry and fuss when their parents leave, experienced observers of children's wards say that the reaction that children have *after* their parents have left without saying goodbye, is much worse.

If you decide, on the other hand, that you *definitely* intend to stay with the child and participate in his/her care but the hospital says that you can't (and there is no other hospital available) be prepared to insist quietly but firmly. Many parents have found that this kind of quiet insistence works in gaining the right to live-in with the child. Some parent groups have also begun exploring with lawyers how a parent's rights to stay with a child might be related to the no-

tion of "informed consent."

In a hospital that has made no provision for parents, you may have to sleep in a fairly uncomfortable chair, but that may not matter, as far as you and your child are concerned, as much as your just being there. In some hospitals, particularly smaller hospitals, a doctor's written order is "the law." Therefore, if parents can persuade their doctors to write a note that the parent should stay with the child, this note will probably be accepted as "doctor's orders."

Preparing the Child

It's important to listen to the child first, to try and find out what he or she thinks is going to happen. In answering any questions complete truth and honesty on your part is essential, and you should be well prepared in ways which have already been described. Parents need to explain in simple but truthful terms what will happen and why, the good things as well as the unpleasant, when children ask. For example, "Tuesday you will be going to the hospital for an operation that will help your body keep away colds and sore throats. You'll feel a little sore in your throat after the operation but in a little while you'll feel better and I'll bring you your favorite kind of ice cream to eat. On Thursday you'll come home and we will all be together again." This gives the child a sense of security to hold on to when these things do happen. And finally reassurance—that you or someone the child trusts will go with him or her, that staying in the hospital is just a temporary experience and eventually the child will be returning home—can smooth out some of a child's most immediate concerns. Then leave time to listen for those concerns. Once you know what those concerns are, you can give the child details that will help as much as possible.

When?

The best time to tell the child of an impending visit to the hospital varies from child to child. Older school-age children may need a week or so to get used to the idea and discuss their feelings. In general, younger children should probably be told just a few days in advance, so that they have enough time to think about it and ask questions, but not enough time to get overconcerned.

Who Will Talk to the Child?

This booklet is generally based on the idea that the parent will be doing the primary preparation of the child. But sometimes parents feel reluctant at the last moment, often because they are afraid of transmitting their own fears to the child. If this poses a real problem, it's better for someone else such as another family member, doctor or nurse to do it.

Sometimes, for example, even if the anesthesiologist has done a terrific job of briefly and simply explaining what anesthesia is, the child will still ask the parent (once the anesthesiologist is no longer there, just to be on the safe side) to explain what will happen. The somewhat older child may ask the parent a lot of questions to see if the parent will "corroborate" the doctor's story. "How does he know when I'll wake up?" "Where will I be?" "Who's going to take care of me?" In a way, then, it may be inevitable that you will have to participate in helping to prepare the child, even if you'd really rather not. Young children especially like to hear about important things that affect them deeply from the people they trust the most —their parents.

Children's Feelings

Of course it may not be that all young children, unless told they are going to the hospital, will be fearful of going. Some young children, especially

if they've never been to the hospital before, may be simply curious and think of it as an interesting trip. Young children may be especially fascinated by beds that move up and down, wheelchairs, dinner trays that come stacked by the dozen on tall carts. They may like the idea that there are always nurses and doctors awake in the hospital, taking care of them while they sleep.

But some children will have heard unpleasant things about hospitals, perhaps from the TV. The young child may play with a doll or teddy bear, scolding it and telling it "you have to go to the hospital because you've been bad." It would be impossible, in the scope of this booklet, to describe all the varied ways in which children play out or express their ideas and feelings about a hospital experience. When they see their children playing in ways that show worries or wrong ideas about going to the hospital, parents can respond with the truth, simply told. Perhaps the parent can enter into the play and a puppet or doll can "explain" about waking up from anesthesia, or why children have to go to the hospital.

Some young children who know they're going to be separated from their families may think

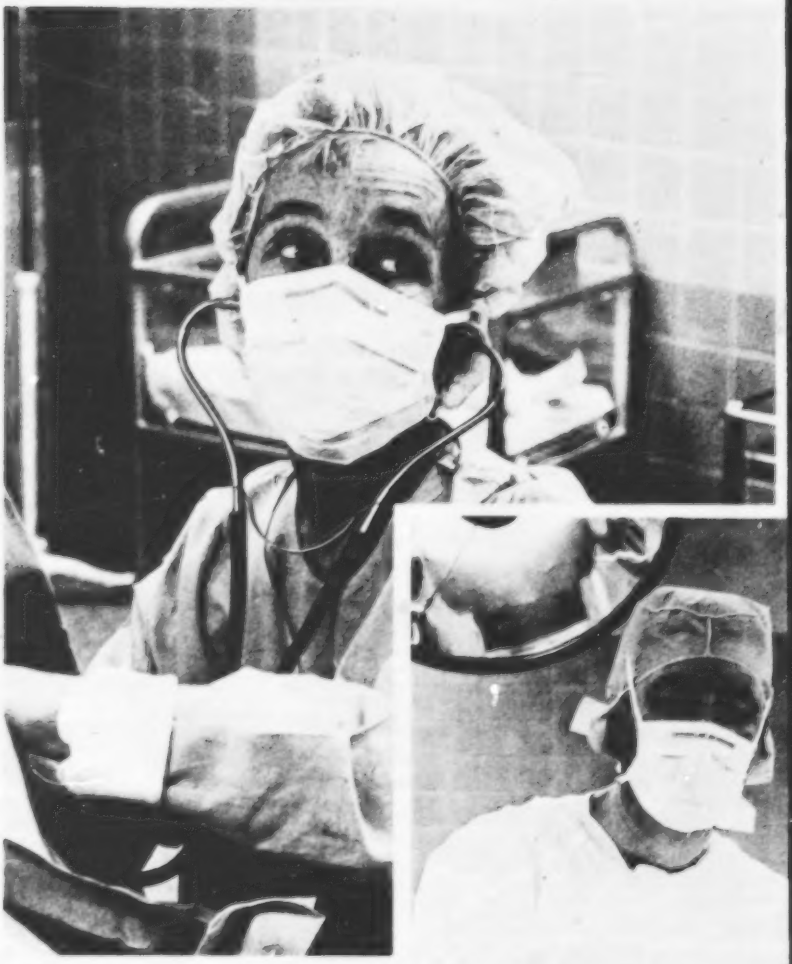
that they will not be fed because "no one will be there to feed me." Or they may worry about "getting lost" in the hospital. Many young children think that if their skin is cut and they begin to bleed, that they won't *stop* bleeding. Most of these fears can be calmed: "You have a lot of blood in your body. Anytime you bleed, your body quickly makes more blood. So a little bit of blood coming out won't matter so much." You might use a concrete example, like a gallon-size jar, to show just how much blood the child has inside his body.

Some children don't like the word "sleep" in explanation about anesthesia. You might say, "The sleep you will be in during the operation is a special kind of sleep. A medicine makes you have this special sleep and you can't feel anything nor can you wake up until the medicine is finished working—and that won't happen until after the operation. *Then* you'll wake up."

Preparing the Child Before the Hospital Stay

Before the hospital stay, the child will need to be told where he or she is going and why, without too much detail. If the child is quite young, you might walk or drive by the hospital and say something like "This is a hospital. There are special doctors and nurses there who know how to help children get better. In a few days you will be going to the hospital to stay for a few days and then you'll come home." You might wait for awhile and see if any questions come up. If the child has had experience with doctors, one likely question will be "Will I have to get a shot?" Since it is unlikely the parent will know for sure, answer honestly. You might "soften the blow" by reminding the child that you will try to be there and it will be O.K. to cry, although he or she will need to cooperate. When it actually does happen "the way I was told it would," the fact that they were told increases their feelings of safety.

Young children also need to be told about operations. You might say "When you go to the hospital, you will have an operation that will help fix your—(sore throat, crossed eyes, heart, hernia or whatever needs to be "fixed"). You will go to a room called an "operating room" where the doctor will give you a medicine called anesthesia. This will put you into a special kind of sleep. After the operation you will wake up and feel kind of sore for a little while. But each day you'll feel better." It's a good idea to explain at some point that doctors and nurses in the operating room wear masks and special clothes in order to be especially clean. Making sure that everything stays clean helps people get better faster after their operation. Young children are usually a little doubtful as to whether the person *with* a mask is really the same as the person without a mask. They may be afraid of masks because "only bad people wear them." They like to practice



games in which they put masks on and off, experimenting with whether a mask changes people —or their intentions.

If you have obtained some of the books recommended on page 32 and have already read them yourself, this is a good time to use them with

your child. It is an especially good idea to show some of the pictures in the books to your child. Turning the pages, looking at the photos of children who are happy and sad and sometimes fearful but who—most important of all—eventually leave the hospital behind them, gives the child a

"model" of someone else who went to the hospital for awhile.

If you live in an area where there are pre-admission hospital tours, parties or puppet shows for young children, by all means participate in one of those. Both you and your child may learn a lot about hospitals from this experience. Brothers and sisters might also be helped, so ask if you can bring them too. The hospital will become less scary, more familiar to all of you. It will also provide you with another opportunity to ask questions and express feelings.

Preparing the Child on Admission Day

The day of the child's admission to the hospital is likely to be a day when feelings run high. It's a good idea to explain to the child what can be expected during the process of being admitted to the hospital. For example, you can say "When we first get to the hospital, we'll go to the admitting office where they'll ask us a lot of questions and then they'll give you a bracelet with your name on it to wear around your wrist. After that you'll

have a blood test (you know this to be true) and then we'll go to the place where they are keeping a special bed just for you."

Letting the child help you pack his or her suitcase will probably help the child feel more secure. Together, you can lay out certain clothes and toys for when the child comes home. If your child has a favorite teddy bear, doll or blanket, by all means bring it with you. If you can, wash and repair any critical rips first, so no one can raise any objections to it on the basis of "germs." You might also pack photographs of family members and pets for the child to take along. School-age children might feel more secure in bringing along their school books. Many hospitals can arrange for special tutors or classes for the school-age child who will be in the hospital for more than a few days but you may need to request this on your first day. If the hospital your child is going to allows children to wear their own pajamas instead of the standard hospital gown, so much the better, since children (like adults) are attached to their own clothes. It helps when they don't have to suddenly take them off in favor of that different looking hospital gown.

Once you've been admitted and are actually going up to the child's room, it's important for you to be alert to what your children are seeing and how they seem to be responding to this new place. One of the first things the child may see, for example, is a regular hospital bed with siderails. Many young children take offense at the idea of having to sleep in a bed "that looks like a crib." It might help to remind the child that a hospital bed may look like a baby bed but it's not. The siderails are just another way of helping children in the hospital. They keep children safe in bed. Many of the picture books for children include pictures of hospital beds in them with similar explanations.

At any point in your preparation of the child,

but especially when you first walk through the hospital, your child may ask you questions that you cannot answer with certainty. "What's that?" He or she may say, pointing to an IV. "Why does she have to have that? Will I have to?" You may not know for sure, so you might just explain that "it's a special way of getting juices that are needed by the child into the child's body." You can say that you don't know all the answers to his questions, but you will help him ask the nurses and doctors. It's good for the child to see you asking the hospital staff questions. This gives the child an opportunity to see that it *is* possible to ask questions (and get answers). Of course it's important only to discuss in front of the child things that will make him feel less scared.

One other aspect of the hospital which may—or may not be—frightening to your child is the sight of people in casts or in traction, all bandaged up or just looking different in some way. If other children are crying, that too may be upsetting. Young children are probably most concerned that the same thing could happen to them and a few words of explanation and reassurance may satisfy them.

When young children first get to their hospital rooms, they sometimes want to experiment with their beds, especially if they have the kind that goes up and down by a turn of the crank at the foot of the bed, or a remote control button. It's important also that they be shown the "call button"—the button to call the nurse—and that it be kept within reach. Children often need to be told that nurses will be there at all times, even at night. Also crucial, especially for the child who's not too far away from toilet-training, is a look at the nearest bathroom, as well as bedpans and urinals.

There may be several people coming and going in the first few hours and once again your previous research will pay off, as it will help you to identify and explain who the various people are.

Preparing the Child Before Treatments/ Procedures

The third important preparation time is before treatments and procedures. The child needs to be told what is going to happen and why. Although the explanation does not have to be detailed, *young children should not be told it won't hurt if it might*. On the other hand, there are new ways now of anesthetizing children which do not hurt, so the procedure *you* may be awake at night worrying about may not bother the child at all.

Don't expect, however, that just because young children have been prepared that they won't cry, scream, kick or fuss. Even if it *doesn't* hurt, they may do just that, out of anger and protest, not terror. While it may be important to hold still and cooperate, it's better if the child understands that he *can* cry and he *doesn't* have to like it.

Parents should discuss with the doctors and nurses in advance their feelings about being present when certain procedures are carried out on their children that the adults may find hard to take, such as IVs and spinal taps. The needs and feelings of the child, the parent and the doctor or nurse will have to be carefully considered. If the parent stays with the child during these kinds of procedures, it especially helps when all agree beforehand that the parent will carry out a definite task, like holding the child or talking to the child in a reassuring manner.

Preparing For the Return Home

When a child is in the hospital, everyone concerned—the child, the parents, other family members—look forward to the time when the child comes home. Then, they think, it will all be over. Everything will be better. Unfortunately, this is not always true. Young children may behave in rather upsetting ways when they first come home from the hospital. They may cling excessively to

their parents, wet their beds, become much more aggressive with their siblings, wake up at night with nightmares. This kind of reaction is likely to be much worse if the child has not been prepared for going to the hospital—as may be the case if the child had to be rushed to the Emergency Room and was not helped afterwards to understand what happened. Other members of the family, who may be somewhat jealous of all the attention which the hospitalized child has been getting may become very demanding.

It's a hard time for a parent and it's best to be prepared for it. These special supports that relatives, neighbors, friends and professionals give will still be needed in the weeks after hospitalization. And just as adults, often need to tell and retell their hospital experiences, when they come home, young children need to repetitively play out their feelings, and to ask similar questions over and over. It may help too if parents keep reminding themselves this bothersome behavior is *not* a sign of the child's lack of love, and *not* an indication that the parent "didn't do a good job" in preparing the child. In fact, the small "explosion" which may occur at home is evidence of the power of a parent's protectiveness. The child who feels safe and secure in the strong love of his parents, is able temporarily to give way to whatever fears and anxieties that a hospital stay may have created.

Most hospital staff and experienced parents say that if a reaction occurs at home, it will lessen after a few weeks and then gradually go away. It's a difficult time, but it does end and life eventually goes back to normal. ■

Suggested Children's Books

(The notes on each book are taken from *Books That Help Children Deal With A Hospital Experience* by Anne Altshuler, a government publication available from the U.S. Government Printing Office, Superintendent of Documents. See page 32.)

Children's Hospital of Philadelphia. *Michael's Heart Test.* Ages 3 to 12. Paperback, 15 cents. Excellent.

Children's Hospital of Philadelphia. *Margaret's Heart Operation.* Ages 3 to 12. Paperback, 15 cents. Excellent.

Haas, Barbara Schuyler. *The Hospital Book.* Baltimore, Md.: The John Street Press. Coloring book illustrated in black and white by Lus Harris. Ages 4 to 10. $1.50. Very good to excellent.

Kay, Eleanor. *The Emergency Room.* New York. Franklin Watts, Inc. Grades 5 to 7. $3.75. Excellent.

Kay, Eleanor. *The Operating Room.* New York. Franklin Watts, Inc. Grades 4 to 7. $3.75. Very good.

Shay, Arthur. *What Happens When You Go to the Hospital.* Chicago, Ill. Reilly and Lee. Ages 3 to 10. $4.50. Very good to excellent.

Stein, Sara Bonnet. *A Hospital Story.* New York. Walker and Company, 1974. Ages 3 to 10. $4.50. Excellent.

Weber, Alfons. *Elizabeth Gets Well.* Thomas Y. Crowell, Co., 1970. Ages 5 to 9. $4.50. Excellent.

Welzerback, John and Nancy Cline. *Hello Hospital, The Hospital See Through Machine, The Hospital Sandman and a Mil-yum Hospital Questions.* Med-Educator, Inc., 1970. Ages 3 to 12. $3.25 each or $13.00 per set of 4. Excellent. N.B. Prices may be different.

Also Recommended

Azarnoff, Pat (ed) *The Hospital.* Ages 3 to 10. Obtain from Wright Institute, 1100 South Roberts Blvd., Los Angeles, Calif. 90034.

Sabol, Hamet. *Jeff's Hospital Book.* Henry Walck, Inc., 1975.

Filmstrip for Children

"A Hospital Visit With Clipper" 16mm Color/Sound. 15 minutes. Available from Children's Hospital National Medical Center, 2125 13th Street, N.W., Washington, D.C. 20009. 202-835-4000. Purchase $175. Preview/Rental $25.

Suggested Reading for Parents and Others Interested in Family-Centered Hospital Care*

Altshuler, Anne. *Books That Help Children Deal With A Hospital Experience.* Available from U.S. Government Printing Office, Supt. of Documents for 50c.

Brazelton, T. Berry. *If Your Child Goes to the Hospital.* **Redbook Magazine**, April 1974 and *Helping Your Child Get Along With the Doctor.* **Redbook Magazine**, March 1976. Write "Redbook" for reprints of the above.

Hardgrove, Carol and Dawson, Rosemary. *Parents and Children in the Hospital: The Family's Role in Pediatrics.* Boston: Little, Brown and Co., 1972.

Johnson, Beverley. *Before Hospitalization. A Preparation Program for the Child and His Family.* **Children Today**, November-December 1974.

*This list was compiled on the basis of what would be most accessible to parents (as well as informative) in public libraries or by ordering from government publications. Prices may have changed.

Petrillo, Madeline and Sanger, Sugay. *Emotional Care of Hospitalized Children*. J. P. Lippincott Company, 1972.

Plank, Emma. *Working with Children in Hospitals*. Cleveland: Case Western Reserve University, 1971.

Shore, Milton. *Red is the Color of Hurting*. Bethesda, Maryland. National Institute of Mental Health, 1967.

A Hospital Bill of Rights. Available from American Hospital Association, 1 Farragut Square South, Washington, D.C.

Films for Adults

"To Prepare a Child." 16mm Color Sound. 32 minutes. Available from Children's Hospital National Medical Center, 2125 13th Street, N.W., Washington, D.C. 20009. Purchase $300. Preview Rental $30.

"Linda: Encounters in the Hospital." 16mm Color Sound. 28 minutes. Available from UCLA Media Center, Los Angeles, California 90024. Purchase $325. Preview Rental $28.

List of Organizations Concerned with the Emotional Needs of Hospitalized Children

Local

1. Children in Hospitals, Inc.
   31 Wilshire Park
   Needham, Massachusetts 02191
2. New Hampshire Committee for Children in Hospitals
   P.O. Box 211
   Amherst, New Hampshire 03031
3. Parents Concerned for Hospitalized Children, Inc.
   176 North Villa
   Villa Park, Illinois 60181

4. Children in Hospitals of Berks County
   1608 Sherwood Road
   Colony Park Ridge, Pennsylvania 19610
5. Total Parent Education of Greater Cincinnati
   P.O. Box 39414
   Cincinnati, Ohio 45239
6. Family Centered Parents, Inc.
   Box 142
   Rockland, Delaware 19732
7. National Association for the Welfare of Children in Hospitals
   Peg Belson Exton House
   7 Exton Street
   London, England
8. Parents for Family-Centered Health Care
   546 Wallkill Road
   Walden, New York 12586

International

Association for the Care of Children in Hospitals
P.O. Box H
Union, West Virginia 24983
This organization distributes many helpful materials through the mail.

N.B. As of this date, these addresses may be incorrect. There may also be more organizations not listed here.

The Health Team: People You May See in the Hospital*

RN—a registered nurse, one who has studied for several years and passed a special nursing examination.

LPN—a licensed practical nurse, one who has not studied as long as a RN but who has also passed a nursing examination.

*With thanks to the helpful chart in *The Hospital Book*, (Johns Hopkins Hospital).

NA—a nursing assistant; someone who is trained to help the nurses.

Ward manager or nursing unit clerk—the secretary on the floor.

Child life worker—children's activities specialist or play therapist—someone who has special training or experience in the planning of play and school activities for children in the hospital.

Ombudsman or Patient Advocate—some hospitals have special people available to help families solve problems with hospitals.

Attending physician—the doctor who is in charge of your child's case and supervises the interns and residents.

Intern—doctor who has just finished medical school.

Resident—a doctor who has finished an internship. Sometimes the resident trains and supervises the intern.

Dietitian—someone who plans your child's meals working with the orders given by the doctor and your suggestions.

Social worker—someone available to counsel parents about feelings, financial difficulties or general problems.

Chaplain—some hospitals may have ministers, rabbis, and priests on staff or available to talk with families.

Laboratory technician—someone who works with samples of blood, urine or other substances to find out what they reveal about the child's health.

PT—Physical therapy, aimed at helping patients strengthen their muscles and the use of their bodies.

OT—Occupational therapy; where patients learn to make things with their hands.

Respiratory therapy—breathing exercises and treatments that help make breathing easier.

Questions to ask about the hospital

Do you have any pre-admission tours, parties or puppet shows for children and their families?

Do you send out any information booklets about the hospital? Any special booklets for children?

What are your policies about parents staying overnight with children in the hospital? What kind of sleeping arrangements are there for parents?

What are they expected to do if they stay in the hospital with the child? Can they bathe their children? Take their temperatures?

What are the rules about visiting?

Does the hospital have any arrangements like a playroom for taking care of the other children when parents come to visit the hospitalized child? What hours is it open?

What can the child expect as a routine part of being admitted to this hospital? What kind of tests? Who will do them?

Does this hospital have medical students, interns and residents working in it? Who will examine the child?

What kind of room will the child be in? How many other children will be there?

Are there TV's in all of the rooms? Can I make arrangements to rent one?

Are children allowed to wear their own clothes in the hospital?

Do you have any rules about children bringing toys or teddy bears to the hospital?

Does the hospital have any special policies about parents being in the recovery room with their children? Any policies about being with the children while they are given anesthesia?

Is there a Children's Activities Department or a play program of any kind?

☆ U.S. GOVERNMENT PRINTING OFFICE : 1977 O—216-976

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.
HEW-391

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development • Office of Child Development
Children's Bureau 1976

DHEW Publication No. (OHD) 76-30092